

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 15, 2007 08:00 AM
Secretary of State**

DOCUMENT # N05000009898

1. Entity Name
**UPSILON BETA CHAPTER OF CHI OMEGA HOUSE
CORPORATION**



Principal Place of Business
**1207 COUNTRY CLUB DR
ORLANDO, FL 32804**

Mailing Address
**1207 COUNTRY CLUB DR
ORLANDO, FL 32804**



02132007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
38-3726313

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LINDON, PAM
1207 COUNTRY CLUB DR
ORLANDO, FL 32804**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000638078
02/27/07-80015-014 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDON, PAM 1207 COUNTRY CLUB DR ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AILWORTH, ERIN C/O 1207 COUNTRY CLUB DR ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOENIG, KRISTY C/O 1207 COUNTRY CLUB DR ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paminda

2.13.07